



ANIMALS AS NATURAL THERAPY

721 Van Wyck Road • Bellingham, WA • 98226

Phone/FAX: 360-671-3509 • www.animalsasnaturaltherapy.org

Participant's Registration and Release Form

Registering for _____ Camp T-Shirt Size _____

How did you hear about ANT? _____

Registration

Client Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____ City: _____ State: _____

_____ Zip Code: _____ Home Phone: _____

Name of Parent or Guardian: _____

Email address: _____

Address/Phone (if different from above): _____

School/Institution attending: _____

In case of emergency, contact: _____ Phone: _____

contact: _____ Phone: _____

Free/Reduced Lunch Program: Y N Health Insurance: Y N Company _____

Liability Release:

_____ (Student's name) would like to participate in the Animals as Natural Therapy programs. I acknowledge the risks and potential for risks of horse and farm activities. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Windy Acres and Animals as Natural Therapy, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in Animals as Natural Therapy programming. I understand that these programs may include therapeutic counseling.

Date: _____ Signature: _____

Client, Parent or Guardian

Photo Release (OPTIONAL):

I hereby consent to and authorize the use and reproduction by Animals as Natural Therapy of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Client, Parent or Guardian

Absent Rider Notification: Because volunteers commit their time to ensure a safe ride, we ask for an advanced notification, at least 24 hours, when it is known that a rider will be absent. If it is a last minute emergency, we ask to be notified as soon as possible. We understand that emergencies do arise; however, an "instructor fee," equal to half the normal session fee, will be assessed for last minute cancellations or if no notice is given. If a rider misses three sessions without notification, future sessions will be cancelled. Date: _____ Client or Guardian Initial _____